Supported Employment

Implementation Resource Kit

DRAFT VERSION
2003

Implementation Resource Kit User's Guide

Table of Contents

Acknowledgments

We wish to acknowledge the many people who contributed to the development of the materials on supported employment for the Implementing Evidence-Based Practices Project:

Development team for the Supported Employment implementation resource kit

Charity R. Appell
Morris D. Bell
Crystal R. Blyler
Michael J. Cohen
Efrain Diaz
Erik B. Johannessen
Jeff Krolick
David W. Lynde
Alan C. McNabb
William J. Naughton, Jr.
Ernest Quimby
Charles A. Rapp
William C. Torrey
Boyd J.Tracy

Co-leaders of the Supported Employment development team

Deborah R. Becker

Gary R. Bond

Steering committee, Implementing Evidence-Based Practices Project, Phase I

Charity R. Appell
Barbara J. Burns
Michael J. Cohen
Robert E. Drake
Howard H. Goldman
Paul Gorman
H. Stephen Leff
Ernest Quimby
William C. Torrey
Laura Van Tosh

Project manager, Implementing Evidence-Based Practices Project, Phase I

Patricia W. Singer

This document is part of an evidence-based practice implementation resouce kit developed through a contract (no. 280-00-8049) from the Substance Abuse Mental Health Services Administration's (SAMHSA) Center for Mental Health Services (CMHS) and a grant from the Robert Wood Johnson Foundation (RWJF).
These materials are in draft form for use in a pilot study. No one may reproduce, reprint, or distribute this publication for a fee without specific authorization from SAMHSA

Foreword

The Substance Abuse and Mental Health Services Administration's (SAMHSA) Center for Mental Health Services (CMHS) is a proud sponsor of this implementation resource kit for integrated treatment of dual disorders. As the federal agency responsible for promoting the quality, availability, and accessibility of services for people with mental illness, CMHS is responsible for identifying treatments for mental illness that work. The materials in this resource kit document the evidence for the effectiveness of integrated treatment of dual disorders and provide detailed information to help communities to implement the practice in real world settings. During development of the implementation resource kit, we placed special emphasis on 1) strengthening the consensus-building process, 2) expanding the involvement of consumers and families, 3) including practical orientation to issues involving service organization and financing, and 4) insisting on paying careful attention to issues of ethnic and cultural sensitivity and overall cultural competence. We are well pleased with the result.

Many other organizations contributed to developing this implementation resource kit. This broad coalition of researchers, providers, administrators, policy makers, consumers and family members, gives the resource kit its strength and vitality. We are especially appreciative of the support provided by The Robert Wood Johnson Foundation that sponsored the early stages of the Project, when evidence-based integrated treatment of dual disorders was identified as a practice ready for widespread implementation. We agreed. Mental health consumers and their family members consistently rate employment support among their top service needs. The CMHS Employment Intervention Demonstration Project (EIDP) has created a solid evidence-base for a set of core principles that underlie effective supported employment programs for people with serious mental illnesses, and has identified and documented a variety of effective vocational service models. Passage of the Ticket to Work and Work Incentives Improvement Act of 1999 has created a political climate that is ripe for widespread implementation of supported employment programs specifically designed for people with psychiatric disabilities.

This implementation resource kit reflects the current state-of-the-art concerning evidence-based integrated dual disorders services. It addresses both the "key ingredients" of the clinical model and many practical considerations essential for successful implementation. It also describes the need for each community to adapt the model to its particular needs and characteristics. Careful attention to unique community needs, coupled with fidelity to the key ingredients of the practice, equals successful implementation. The closer the kit user comes to following the implementation resource kit guidance, the more likely the practice will yield good results for consumers.

As mental health services research and evaluation progress, CMHS hopes to support the development of implementation resource kits for additional evidence-based practices, and to refine this and other previously-developed resource kits to take new evidence into account. Indeed, evaluation of planned pilot projects for implementing this resource kit and associated implementation strategies will tell us much about how to make improvements in future versions. We hope that this and other evidence-based practice implementation resource kits will be helpful to communities across the nation as they strive to provide the most effective services possible for persons suffering from mental illness.

Introduction

Welcome to the Supported Employment implementation resource kit. It has been produced by the Implementing Evidence-Based Practices Project as part of an effort to promote treatment practices in community mental health service settings that are known to be effective in supporting the recovery of adults with severe mental illnesses. The goal: to improve the lives of consumers by increasing the availability of effective mental health services.

The User's Guide begins by providing general information about the Implementing Evidence-Based Practices Project, including the goals and values of the project. This is followed by descriptions of the materials contained in the resource kit and their proposed role in the implementation process. The basic structure of an implementation plan is outlined. Specific suggestions for implementing the practice of Supported Employment are presented in the Implementation Tips documents. This guide also contains a list of annotated references on Supported Employment and a special populations appendix which provides a review of the literature addressing the range of populations for which this practice has demonstrated efficacy or effectiveness.

If you have any questions or comments about these materials or the implementation process, please contact Kristine Knoll at the NH-Dartmouth Psychiatric Research (e-mail address: Kristine.M.Knoll @Dartmouth.EDU). We look forward to supporting your efforts to improve services to people with severe mental illness. Also, please share your experience in using these materials. Feedback from users will help refine and improve future versions of these implementation materials.

Background

What are "evidence-based practices"?

Evidence-based practices are services for people with severe mental illness (consumers) that have demonstrated positive outcomes in multiple research studies.

Over the past 15 years, researchers in mental health service systems have gathered extensive data to support the effectiveness of several psychosocial and pharmacological treatments. In 1998, the Robert Wood Johnson Foundation convened a consensus panel of researchers, clinicians, administrators, consumers, and family advocates to discuss the research and to determine which practices currently demonstrated a strong evidence base. This project is an offshoot of these efforts.

The six evidence-based practices

Six practices were identified as currently demonstrating a strong evidence base:

- standardized pharmacological treatment
- illness management and recovery skills
- supported employment
- family psychoeducation
- assertive community treatment
- integrated dual disorders treatment (substance use and mental illness)

Other evidence-based practices for the treatment of persons with severe mental illnesses are being identified and will be promoted as the research evolves. This project is only a beginning attempt to establish models and procedures. This list of identified practices is not intended to be complete or exclusive. There should be many evidence-based practices in the future. Some promising practices being researched currently include peer support programming, supported housing, trauma services, and treatment for people with borderline personality disorder.

What is an implementation resource kit?

An implementation resource kit is a set of materials—written documents, videotapes,PowerPoint presentations, and a website—that support implementation of a particular treatment practice.

Specific materials in this resource kit have been developed for each of the key stakeholder groups involved in the implementation effort:

- consumers of mental health services
- family members and other supporters
- practitioners and clinical supervisors
- program leaders of mental health programs
- public mental health authorities

Research has shown that providing practice guidelines to practitioners alone does not change practice. Change is most likely to occur and be sustained if all the major stakeholders in the mental health system are engaged and involved in the process of change. Therefore the materials and guidelines in this implementation resource kit are geared toward five different stakeholder groups. The materials for each specific stakeholder group were either written by representatives of that group or in close collaboration with them.

The resource kit materials are also designed to address three stages of change:

- engaging and motivating for change (why do it)
- developing skills and supports to implement change (how to do it)
- sustaining the change (how to maintain and extend the gains)

What is an implementation package?

An implementation package is a set of implementation materials (the resource kit) combined with complementary training and consultation that support implementation of the evidence-based practice. The resource kit materials are designed to be most effective when used with consultative and training services. As part of the Implementing Evidence-Based Practices Project, EBP implementation centers are being established in various states across the country to provide consultation and training (see www.mentalhealthpractices.org).

How was this implementation resource kit developed?

A team made up of multiple stakeholders developed each resource kit: researchers, clinicians, program managers and administrators, consumers, and family members. Documents oriented toward specific stakeholder groups were either written by the stakeholders or in close collaboration with them. A consensus panel, also comprised of multiple stakeholders, reviewed the materials developed for all of the six implementation resource kits to ensure consistency of presentation and attention to the various perspectives of the different constituencies.

For more information

For a more detailed discussion of the project and the implementation strategies, refer to the enclosed *Psychiatric Services* articles:

Drake RE, Goldman HH, Leff HS, et al: Implementing evidence-based practices in routine mental health service settings. *Psychiatric Services* 52:179–182, 2001.

Torrey WC, Drake RE, Dixon L, et al: Implementing evidence-based practices for persons with severe mental illnesses. P*sychiatric Services* 52:45–50, 2001.

Project Philosophy and Values

The project rests on two philosophical tenets:

First, mental health services for people with severe mental illnesses should have the goal of helping people to develop high-quality, satisfying functional lives. That is, services should aim not just at helping consumers stay out of the hospital and reducing or stabilizing symptoms, but also at helping them to pursue their own personal recovery process. People want services that help them to manage their illnesses and to move ahead with their lives.

Second, consumers and their families have a right to information about effective treatments, and in areas where evidence-based practices exist, consumers and family members have a right to access effective services.

Evidence-based practices are not intended to be exclusive, mandatory, or rigid. Rather, they imply self-knowledge, self-determination, choice, individualization, and recovery.

Defining recovery

There have been many efforts to define the recovery philosophy. The Consumer Advisory Panel for the Implementing Evidence-Based Practices Project drafted the following brief statement. The principles of recovery that informed the development of the implementation resource kit materials are:

- hope
- personal responsibility
- education
- self-advocacy
- support

The cessation of symptoms is not necessarily equal to recovery. Each person develops their own definition of recovery, which many view as a process rather than a destination.

It is important to know what is meant by "support." While the support of others is a valuable element in recovery, it does not include solving problems for another person or giving advice.

Empowerment is another critical component to recovery. A person becomes dis-empowered when choices are made for them, even when well-meaning supporters do it. Dis-empowerment also occurs when assumptions or judgments are made concerning an individual and their choices.

Recovery is most easily achievable when a person and those around them recognize the individual as a whole and complete person regardless of symptoms. One of the most valuable things a person can do for someone with psychiatric symptoms is to listen.

For more information

Copeland, Mary Ellen. *Wellness Recovery Action Plan*. 1997. Peach Press.

Ralph, Ruth O. *Review of Recovery Literature: A Synthesis of a Sample of Recovery Literature 2000*. Report produced for NASMHPD/National Technical Assistance Center for State Mental Health Planning.

Components of the Supported Employment Implementation Resource Kit

The following describes the purpose and content of the individual resource kit materials. This section is followed by a description of the use of these materials in the implementation process.

Implementation Resource Kit User's Guide

This document describes the implementation resource kit and how to use it. It includes annotated references for the particular evidence-based practice.

Introductory Videotape

This short videotape functions as an introduction for all stakeholders to the evidence-based practice. Much of the film consists of different stakeholders speaking of their experience or demonstrating the practice in action. A Spanish-language version of this videotape is also available.

www.mentalhealthpractices.org

This website contains basic information about each of the six evidence-based practices. It includes references and links to other relevant websites. Information for consumers and family members is available in Spanish.

Information for Stakeholders (five documents)

These documents describe the evidence-based practice and highlight features of the practice most pertinent to the particular stakeholder being addressed. These are engagement pieces that address the question: why should I, as consumer, family member, practitioner, program leader, or administrator be interested in this practice? The documents for consumers and family members are available in Spanish-language versions.

Statement on Cultural Competence

This document addresses the need for practitioners and policymakers to integrate the design and delivery of the evidence-based practices within a culturally responsive context.

Practice Demonstration Videotapes

These videotapes model clinical skills critical for the implementation of the practice. They are designed for use in training and supervisory settings.

Workbook

The workbook is designed as a primer for practitioners regarding skills needed to provide the evidence-based practice. It emphasizes the knowledge and skill practitioners need in order to provide an effective intervention, one with high fidelity to the model. It is designed for use in training or supervisory settings.

Implementation Tips for Mental Health Program Leaders

This document provides practical guidance for agency program leaders on how to implement the evidence-based practice in a community mental health setting. It includes strategies for building consensus in organizations preparing for change and tips on how to develop policies and procedures to support the practice.

Implementation Tips for Public Mental Health Authorities

This document provides practical guidance for public mental health authorities on how to provide incentives and remove barriers to implementation of the evidence-based practice within their mental health system. Advice is given based on the experiences of mental health systems that have been successful in implementing the practice. This document emphasizes the importance of consensus building, creating incentives for change in practitioner and agency behavior, and identifying and removing barriers to change.

Client Outcome Measures

Using outcome measures to evaluate and track consumer gains and program success is critical for effective implementation of an evidence-based practice. Simple outcomes are identified that can be monitored as part of routine clinical practice. The tracking of outcome measures is used as a feedback mechanism for clinicians, supervisors, and administrators.

Fidelity Scale

Research indicates that the quality of implementation of the practice—adherence to principles of the model—strongly influences outcomes. The fidelity scale enables mental health program leaders to evaluate their program in comparison to the recommended principles.

Articles

Copies of general articles about evidence-based practices and implementation and an article describing the research evidence for this particular practice are included in the implementation resource kit.

Additional implementation materials

PowerPoint presentations are available to supplement the Supported Employment resource kit materials. Contact the West Institute at the New Hampshire-Dartmouth Psychiatric Research Center (603-271-5747).

How to Use the Resource Kit Materials—An Implementation Plan

Effective implementation of evidence-based practices is best achieved by using the materials with a structured complementary consultative and training program. As part of this project, a number of evidence-based practices implementation centers have been established throughout the country. For more information on these centers, go to www.mentalhealthpractices.org.

A brief description of a basic implementation plan that includes these supports is provided below. See the *Implementation Tips for Mental Health Programs Leaders* and *Implementation Tips for Public Mental Health Authorities* for more detailed suggestions regarding the implementation of Supported Employment.

Consensus building

Build support for change

- identify key stakeholders
- provide information to all stakeholders
- develop consensus regarding a vision for the practice at your agency
- convey a vision and a commitment to all stakeholders

Enthusiasm for the implementation of the evidence-based practice can be generated by communicating how the practice benefits consumers and family members.

Use implementation resource materials:

- Distribute information materials to the key stakeholder groups.
- Hold informational meetings with key stakeholder groups. Have opinion leaders within the different stakeholder groups co-host these meetings. Include a viewing of the introductory videotape. An introductory PowerPoint presentation can be used to structure the informational meeting.

Developing an implementation plan

An action plan

- identify an agency implementation leader
- establish an implementation steering team that includes representatives from all stakeholder groups
- secure a consultant from an EBP implementation institute
- develop an implementation plan

Responsibilities of the implementation leader and implementation steering team include identifying and utilizing personnel, resources, and processes (administrative support and system changes) needed to support the evidence-based practice; an assessment of training needs; and development of an implementation timeline.

Consultants from EBP implementation centers can work with public mental health authorities and program leaders to inform them about the practice, to evaluate an agency's or system's commitment to change, and to assess current realities of financial incentives, staffing, and structure.

By developing partnerships with community organizations including peer support programs, consumer and family advocacy groups, police, homeless shelters, food banks, department of vocational rehabilitation, and others depending on the specific practice, the implementation leader and the implementation steering team can most effectively develop support for the practice. These groups may contribute to the development of an implementation plan.

Use of implementation resource materials:

- *Implementation Tips for Public Mental Health Authorities* is designed for individuals at the municipal, county, or state mental health authority.
- *Implementation Tips for Mental Health Program Leaders* is designed to be shared with the individuals in an agency that make and carry out decisions about the local resources and processes. This includes people who have responsibility for program management, training, policy development, program standards, data management, and funding.

Enacting the implementation

Making it happen

- involve agency personnel at all levels to support the implementation
- host a "kick-off" training where all stakeholders receive information about the practice
- host a comprehensive skills training for agency personnel who will be providing the practice
- arrange opportunities to visit programs that have successfully implemented the practice
- work with an implementation center for off-site support for the practice
- review current agency outcome measures relative to the practice and modify outcome data to monitor the practice. Learn how to make use of outcome measures in clinical practice and supervision
- work with a consultant/trainer to learn how to use the fidelity scale to identify strengths and weaknesses in the implementation effort

Trainers can work with the agency to offer an initial or "kickoff" training for all stakeholders. The trainer can then provide comprehensive skills training for those personnel within the agency who will be providing the practice. The trainers may offer to visit the program at least one day per month for the first six months, then one day every other month for the next six months, for ongoing training, consultation, supervision as needed by the program. The trainer may also be available on a weekly basis for phone consultation.

Use of implementation resource materials:

Many agencies find it useful for the implementation leader and agency staff to familiarize themselves with the structure and processes of the practice by visiting an existing program. Before a site visit, the implementation leader and clinical supervisor(s) should review:

- *Information for Practitioners and Clinical Supervisors*
- *Information for Mental Health Program Leaders*
- *Implementation Tips for Mental Health Program Leaders*
- *Workbook for Practitioners and Clinical Supervisors*

Materials that support training and clinical supervision

- *Workbook for Practitioners and Clinical Supervisors*
- Practice demonstration videotapes
- PowerPoint training presentation (available from the West Institute)

Trainers may also serve as consultants to the administrators of the program. This includes demonstrating the usefulness of outcomes data as a clinical feedback tool. See *Monitoring Client Outcomes*.

Monitoring and evaluation

Sustaining change: How to maintain and extend the gains

- establish a mechanism for continuous feedback regarding how the practice is being provided in an agency
- publicize outcome improvements from the practice
- use fidelity scales to monitor the practice implementation

Monitoring and evaluation occur in several ways. First, the use of consultants to provide side-by-side, ongoing consultation during the first one to two years of the program is very helpful. Consultants who are experienced in the practice can recognize problems and recommend changes to address them.

Use of implementation resource materials:

It is useful for programs to become comfortable early on with the measures that will be used for monitoring and evaluating the delivery of the practice: **outcome measures** and the **fidelity scale.** The information collected can be used not only to identify areas that are problematic, but also to identify areas of excellence. See *General Organizational Index*. Feedback from these measures may be used to promote and strengthen clinical and programmatic effectiveness.

A Word about Terminology

Terms used in the Implementation Resource Kit materials

The materials were developed by people from a variety of backgrounds and perspectives. During development, it became evident that many different terms are used to describe the key stakeholders. For the sake of clarity and consistency, in most instances common terms are used to identify these groups throughout the implementation resource kits. In some situations more precise, or alternative, terminology is used. For instance, in the Supported Employment implementation resource kit, the term 'employment specialist' is often used rather than "practitioner."

Consumers, clients, people who have experienced psychiatric symptoms

These terms refer to persons who are living with severe mental illness and who use professional mental health services—the consumers of mental health services. The term 'consumer' is most frequently employed in the resource kit materials. In the Supported Employment workbook and in the outcome measures document, the term 'client' is used. The Illness Management and Recovery resource kit uses the term 'people who have experienced psychiatric symptoms'.

Family and other supporters

This terminology refers to families and other people who provide support to a consumer, and recognizes that many consumers have key supporters who are not family members.

Practitioners and clinical supervisors

The term practitioner refers to the people who deliver the evidence-based practice. This is used instead of clinician, case manager, nurse, psychiatrist, therapist, etc. except when referring to a specific kind of role (e.g., the employment specialist in supported employment, or the prescriber in medication management). The term clinical supervisor is used to distinguish between an administrative supervisor and the person supervising the clinical work of the practitioner.

Mental health program leaders

This term is used to describe the person at the mental health provider organization who is trying to put the practice into effect. This term is used instead of program supervisor, operations director, program manager, or program administrator. The term is used because it makes it clear that this person's job is to lead with the support of the agency's administration.

Public mental health authorities

This term is used to describe the people who determine the regulations and funding structures of the public mental health system. We recognize that evidence-based practices are also implemented and overseen in the private sector.

Phases of the Implementing Evidence-Based Practices Project

The Implementing Evidence-Based Practices Project was planned to take place in three phases over a five to six year period, as described below.

Phase I: Development of the Implementation Resource Kits—Fall 2000 to Summer 2002

During Phase I the core principles and critical elements of each of the six evidence-based practices were identified and guidelines for their implementation developed. This resulted in the development of a comprehensive implementation plan—production of implementation resource kits and development of a structured program of training and consultation—to facilitate the adoption of evidence-based practices in routine clinical settings.

Phase II: Pilot Testing the Implementation resource kits—Summer 2002 to Summer 2005

Phase II entails a multi-state demonstration of implementation using the resource kit materials in conjunction with a structured program of consultation and training. The goals are (1) to demonstrate that evidence-based practices can be successfully implemented in routine practice settings; (2) to improve the implementation resource kits including the recommendations for consultation and training support based on information gathered from pilot experiences; and (3) to learn more about the range of variables that facilitate or impede implementation in routine treatment settings.

Phase III: National Demonstration—starting in 2006

Phase III is designed to be a broad implementation effort in which the modified implementation resource kits will be made available throughout the United States. Research will focus on both evaluating the success of implementing evidence-based practices and their effects on client outcomes.

Selected Bibliography for Supported Employment

Overview

Listed in this annotated bibliography are selected publications on supported employment and related issues. The materials are grouped under the following headings:

- Practice Manuals
- Research and Conceptual Background
- Consumer and Family Perspectives
- Practice Issues
- Implementation and Administrative Issues

The organization is meant as a rough guide; some of the publications fit in more than one category. Nor do these references exhaust the rich and growing literature on supported employment. Readers seeking more extensive literature on a particular topic may consult recent review articles (e.g., Bond, Becker et al., 2001) or email gbond@iupui.edu.

Practice Manuals

Becker, D.R., & Drake, R.E. (1993). *A Working Life: The Individual Placement and Support (IPS) Program*. Concord, NH: New Hampshire-Dartmouth Psychiatric Research Center.

- A pragmatic practitioner's guide to supported employment giving key principles, concrete guidelines for providing supported employment services, and many concrete vignettes.

  Note: A revision of this book, to be published by Oxford is in preparation. It is even more detailed, providing an encyclopedic coverage of the field, including a compelling rationale for a recovery-oriented approach to supported employment. This later edition incorporates all the most recent research.

Ford, L. H. (1995). *Providing employment support for people with long-term mental illness*. Baltimore: Paul H. Brookes.

- A down-to-earth, common-sense approach to supported employment, but somewhat dated.

Research and Conceptual Background

Reviews of the Literature

Bond, G.R., Becker, D.R., Drake, R.E., Rapp, C.A., Meisler, N., Lehman, A.F., & Bell, M.D. (2001). Implementing supported employment as an evidence-based practice. *Psychiatric Services, 52*(3), 313-322.

- The most comprehensive published summary of what we know about the effectiveness of supported employment. Also reviews the literature on supported employment principles. This article also outlines some common barriers to implementing supported employment and strategies to overcoming these barriers.

Bond, G.R., Drake, R.E., Mueser, K.T., & Becker, D.R. (1997). An update on supported employment for people with severe mental illness. *Psychiatric Services, 48*(3), 335-346.

- A detailed summary of the literature on supported employment as of 1997. Contains detailed descriptions of 6 randomized controlled trials.

Drake, R.E., Becker, D.R., Clark, R.E., & Mueser, K.T. (1999). Research on the Individual Placement and Support model of Supported Employment. *Psychiatric Quarterly, 70*, 289-301.

- Concise summary of the literature on Individual Placement and Support.

Marrone, J., & Gold, M. (1994). Supported employment for people with mental illness: Myths and facts. *Journal of Rehabilitation, 60*(4), 38-47.

- Paper addressing some misconceptions about supported employment.

Principles of Supported Employment

Bond, G. R. (1998). Principles of the Individual Placement and Support model: Empirical support. *Psychiatric Rehabilitation Journal, 22*(1), 11-23.

- Paper summarizing the research supporting 6 principles of supported employment.

Cook, J., & Razzano, L. (2000). Vocational rehabilitation for persons with schizophrenia: Recent research and implications for practice. *Schizophrenia Bulletin, 26*, 87-103.

- Wide-ranging paper articulating principles of supported employment and examining the predictors of employment

Drake, R.E., & Becker, D.R. (1996). The Individual Placement and Support model of supported employment. *Psychiatric Services, 47*(5), 473-475.

- Summary of the key principles of supported employment

EIDP. (2000). *Principles for employment services and support* (Brochure, UICC R&T Center).

- List of principles of supported employment based on a large multi-site demonstration project.

Impact of Employment on Quality of Life

Bond, G.R., Resnick, S.G., Drake, R.E., Xie, H., McHugo, G.J., & Bebout, R.R. (2001). Does competitive employment improve nonvocational outcomes for people with severe mental illness? *Journal of Consulting and Clinical Psychology, 69*, 489-501.

- Research article suggesting that competitive employment for a sustained period of time is associated with better control of symptoms and higher self-esteem compared to unemployment.

Van Dongen, C. J. (1996). Quality of life and self-esteem in working and nonworking persons with mental illness. *Community Mental Health Journal, 32*(6), 535-548.

- Research article suggesting a positive correlation between working and both quality of life and self-esteem.

Historical Context for Supported Employment

Anthony, W. A., & Blanch, A. (1987). Supported employment for persons who are psychiatrically disabled: An historical and conceptual perspective. *Psychosocial Rehabilitation Journal, 11*(2), 5-23.

- Classic article arguing for the extension of supported employment for people with developmental disabilities to people with mental illness.

Bond, G. R. (1992). Vocational rehabilitation. In R. P. Liberman (Ed.), *Handbook of psychiatric rehabilitation* (pp. 244-275). New York: Macmillan.

- Comprehensive review of controlled studies of vocational approaches for people with severe men tal illness.

Bond, G. R., Dietzen, L. L., McGrew, J. H., & Miller, L. D. (1995). Accelerating entry into supported employment for persons with severe psychiatric disabilities. *Rehabilitation Psychology, 40*, 91-111.

- Early experimental study of supported employment for people with severe mental illness suggesting that prevocational activities are not useful in increasing competitive employment rates.

Bond, G. R., & McDonel, E. C. (1991). Vocational rehabilitation outcomes for persons with psychiatric disabilities: An update. *Journal of Vocational Rehabilitation, 1*, 9-20.

- Review of vocational literature.

Cook, J. A., & Pickett, S. A. (1994). Recent trends in vocational rehabilitation for people with psychiatric disability. *American Rehabilitation, 20*(4), 2-12.

- Review of vocational literature.

Russert, M. G., & Frey, J. L. (1991). The PACT vocational model: A step into the future. *Psychosocial Rehabilitation Journal, 14*(4), 7-18.

- Conceptual overview of the PACT model of employment, which has had critical influence on the evolution of the supported employment model.

Harding, C. M., Strauss, J. S., Hafez, H., & Liberman, P. B. (1987). Work and mental illness. I. Toward an integration of the

rehabilitation process. *Journal of Nervous and Mental Disease, 175*, 317-326.

▶ Conceptual paper drawing on a well-known Vermont study to articulate principles of rehabilitation.

Marrone, J. (1993). Creating positive vocational outcomes for people with severe mental illness. *Psychosocial Rehabilitation Journal, 17*, 43-62.

▶ Practical guide to various vocational alternatives.

Newman, L. (1970). Instant placement: A new model for providing rehabilitation services within a community mental health program. *Community Mental Health Journal, 6*, 401-410.

▶ Probably the first published paper to articulate the place-train approach to supported employment, published nearly two decades before its widespread adoption.

Wehman, P., & Moon, M. S. (Eds.). (1988). *Vocational rehabilitation and supported employment*. Baltimore: Paul Brookes.

▶ Classic monograph on early conceptualizations and demonstrations of supported employment for a range of disability groups.

Consumer and Family Perspectives

Ethnographic and First Person Reports of Supported Employment

Alverson, H., & Vincente, E. (1998). An ethnographic study of vocational rehabilitation for Puerto Rican Americans with severe mental illness. *Psychiatric Rehabilitation Journal, 22*(1), 69-72.

▶ Qualitative analysis of the experiences of Puerto Rican Americans with severe mental illness in supported employment.

Bailey, J. (1998). I'm just an ordinary person. *Psychiatric Rehabilitation Journal, 22*(1), 8-10.

▶ Powerful first-person account of the employment process.

Caswell, J.S. (2001). Employment: A consumer's perspective. In D. R. Becker & M. Barcus (Eds.), *Connections – State Partnership Initiative* (Vol. Spring/Summer, pp. 5). Fairfax, VA: Virginia Commonwealth University.

Harris, M., Bebout, R. R., Freeman, D. W., & Hobbs, M. D. (1997). Work stories: Psychological responses to work in a population of dually diagnosed adults. *Psychiatric Quarterly, 68*, 131-153.

▶ Qualitative analysis of the unique issues facing consumers with a dual diagnosis of mental illness and substance use problems.

Family Perspectives

Noble, J. H., Honberg, R. S., Hall, L. L., & Flynn, L. M. (1997). *A legacy of failure: The inability of the federal-state vocational rehabilitation system to serve people with severe mental illness*. Arlington, VA: National Alliance for the Mentally Ill.

▶ Scathing analysis of the vocational rehabilitation system and the barriers to employment faced by families helping consumers with mental illness.

Steinwachs, D. M., Kasper, J. D., & Skinner, E. A. (1992). *Family perspectives on meeting the needs for care of severely mentally ill relatives: A national survey*. Baltimore, MD: Center on the Organization and Financing of Care for the Severely Mentally Ill, Johns Hopkins University.

▶ A report of a survey of family members.

Practice Issues

Consumer Choice

Bedell, J. R., Draving, D., Parrish, A., Gervey, R., & Guastadisegni, P. (1998). A description and comparison of experiences of people with mental disorders in supported employment and paid prevocational training. *Psychiatric Rehabilitation Journal, 21*(3), 279-283.

- Research report comparing preferences for competitive and sheltered employment.

Mueser, K.T., Becker, D.R., & Wolfe, R. (2001). Supported employment, job preferences, and job tenure and satisfaction. *Journal of Mental Health, 10*, 411-417.

- Research report (third in a series of three) examining the impact of finding jobs matching occupational choices of consumers and their job retention.

Engaging Consumers in Supported Employment

Ahrens, C. S., Frey, J. L., & Burke, S. C. (1999). An individualized job engagement approach for persons with severe mental illness. *Journal of Rehabilitation, 65*(4), 17-24.

- Conceptual paper discussing strategies found to be helpful in engaging consumers who do not have vocational goals.

Vocational Assessment

Frey, J. L., & Godfrey, M. (1991). A comprehensive clinical vocational assessment: The PACT Approach. *Journal of Applied Rehabilitation Counseling, 22*(2), 25-28.

- Paper describing practical vocational assessment methods.

Job Development

Bissonnette, D. (1994). *Beyond traditional job development: The art of creating opportunity*. Chatsworth, CA: Milt Wright & Associates.

- A highly engaging, comprehensive, practical guide to job development strategies.

Gervey, R., & Kowal, R. (1995). Job development strategies for placing persons with psychiatric disabilities into supported employment jobs in a large city. *Psychosocial Rehabilitation Journal, 18*(4), 95-113.

- Research article describing job development experiences of one supported employment program.

Reasonable Accommodations and Disclosure of Disability

Berven, N. L., & Driscoll, J. H. (1981). The effects of past psychiatric disability on employer evaluation of a job applicant. *Journal of Applied Rehabilitation Counseling, 12*, 50-55.

- Research paper experimentally demonstrating discrimination of job applicants who have psychiatric disorders.

MacDonald-Wilson, K., Rogers, E.S., Massaro, J., Lyass, A., & Crean, T. (2002). An investigation of reasonable workplace accommodations for people with psychiatric disabilities: Quantitative findings from a multi-site study. *Community Mental health Journal*, *38*(1), 35-50.

- Descriptive report of commonly used accommodations provided to consumers with mental illness.
- Conceptual overview of disclosure issues in the work place.

MacDonald-Wilson, K., & Whitman, A. (1995). Encouraging disclosure of psychiatric disability: Mental health consumer and service provider perspectives on what employers do. *American Rehabilitation, 21*, 15-19.

Mancuso, L. L. (1995). Achieving reasonable accommodation for workers with psychiatric disabilities: Understanding the employer's perspective. *American Rehabilitation, 21*, 2-8.

- Conceptual analysis of reasonable accommodations for people with severe mental illness.

Job Retention and Career Development

Baron, R., & Salzer, M. S. (2000). The career patterns of persons with serious mental illness: Generating a new vision of lifetime careers for those in recovery. *Psychiatric Rehabilitation Skills, 4*, 136-156.

- Qualitative study of career aspirations of people with severe mental illness.

Cook, J. A. (1992). Job ending among youth and adults with severe mental illness. *Journal of Mental Health Administration, 19*(2), 158-169.

- Descriptive study of reasons for job terminations among consumers with severe mental illness.

Resnick, S. G., & Bond, G. R. (2001). The Indiana Job Satisfaction Scale: Job satisfaction in vocational rehabilitation for people with severe mental illness. *Psychiatric Rehabilitation Journal, 25*, 12-19.

- Research report suggesting a modest association between job satisfaction early on the job and job retention.

Implementation and Administrative Issues

State Mental Health Perspective

Hogan, M. F. (1999). *Supported employment: How can mental health leaders make a difference?* Columbus, OH: Ohio Department of Mental Health.

- Conceptual analysis of the role of state mental health administrators in promoting employment.

Financing and Cost-Effectiveness of Supported Employment

Clark, R.E. (1998). Supported employment and managed care: Can they coexist? *Psychiatric Rehabilitation Journal, 22*(1), 62-68.

- Synthesis of several supported employment studies analyzing the costs of supported employment and the implications for funding such programs.

Latimer, E. A. (2001). Economic impacts of supported employment for the severely mentally ill. *Canadian Journal of Psychiatry, 46*(August), 496-505.

- Comprehensive review of the literature on the costs and benefits of supported employment.

Becker, D.R., Torrey, W.C., Toscano, R., Wyzik, P.F., & Fox, T.S. (1998). Building recovery-oriented services: Lessons from implementing IPS in community mental health centers. *Psychiatric Rehabilitation Journal, 22*(1), 51-54.

- Conceptual review of the issues facing program leaders seeking to promote supported employment.

Converting Day Treatment to Supported Employment

McCarthy, D., Thompson, D., & Olson, S. (1998). Planning a statewide project to convert day treatment to supported employment. *Psychiatric Rehabilitation Journal, 22*(1), 30-33.

- State mental health administrator perspective on the issues in promoting the conversion of day treatment services to supported employment.

Torrey, W.C., Becker, D.R., & Drake, R.E. (1995). Rehabilitative day treatment vs. supported employment: II. Consumer, family and staff reactions to a program change. *Psychosocial Rehabilitation Journal, 18*(3), 67-75.

- One in a series of studies examining the impact on consumers and family members on converting day treatment to supported employment.

Fidelity Measures for Supported Employment

Becker, D.R., Smith, J., Tanzman, B., Drake, R.E., & Tremblay, T. (2001). Fidelity of supported employment programs and employment outcomes. *Psychiatric Services, 52* (6), 834-836.

- Paper suggesting a positive association between the supported employment fidelity scale and employment rates.
- Bond, G. R., Becker, D. R., Drake, R. E., & Vogler, K. M. (1997). A fidelity scale for the Individual Placement and Support model of supported employment. *Rehabilitation Counseling Bulletin, 40*, 265-284.
- Paper describing the details of the Supported Employment Fidelity Scale and suggesting that it discriminates between supported employment programs and programs providing other types of employment services.

State Vocational Rehabilitation Agency

Marrone, J. & Hagner, D. (1993). Getting the most from the VR the system. *Tools For Inclusion, 1*(1).

- Conceptual paper discussing strategies for maximizing assistance from the vocational rehabilitation system.

Marshak, L. E., Bostick, D., & Turton, L. J. (1990). Closure outcomes for clients with psychiatric disabilities served by the vocational rehabilitation system. *Rehabilitation Counseling Bulletin, 33*, 247-250.

- Research paper suggesting that the rate of achieving VR eligibility is twice as high for people with physical disabilities as it is for people with psychiatric disabilities.

Barriers to Employment

Braitman, A., Counts, P., Davenport, R., Zurlinden, B., Rogers, M., Clauss, J., Kulkarni, A., Kymla, J., & Montgomery, L. (1995). Comparison of barriers to employment for unemployed and employed clients in a case management program: An exploratory study. *Psychiatric Rehabilitation Journal, 19*(1), 3-18.

- Research paper suggesting that most clinicians view their clients with severe mental illness as "unmotivated."

Lehman, A. F., & Steinwachs, D. M. (1998). Patterns of usual care for schizophrenia: Initial results from the Schizophrenia Patient Outcomes Research Team (PORT) client survey. *Schizophrenia Bulletin, 24*, 11-23.

- Research study suggesting that access to vocational services in the usual system of care is very low; less than 25% of consumers in the study had any vocational goal whatsoever in their treatment plan.

Rutman, I. D. (1994). How psychiatric disability expresses itself as a barrier to employment. *Psychosocial Rehabilitation Journal, 17*(3), 15-35.

- Conceptual summary of the diverse barriers to employment for people with severe mental illness.

Torrey, W.C., Mead, S., & Ross, G. (1998). Addressing the social needs of mental health consumers when day treatment programs convert to supported employment: Can consumer-run services play a role? *Psychiatric Rehabilitation Journal, 22*(1), 73-75.

- Conceptual paper examining strategies for overcoming social isolation among consumers with severe mental illness who obtain employment.

Wahl, O. (1997). *Consumer experience with stigma: Results of a national survey*. Alexandria, VA: NAMI.

- Survey documenting the pervasiveness of stigma of mental illness.

Walls, R. T., Dowler, D. L., & Fullmer, S. L. (1990). Incentives and disincentives to supported employment. In F. R. Rusch (Ed.), *Supported employment: Models, methods, and issues* (pp. 251-269). Sycamore, IL: Sycamore.

- Conceptual analysis of the disincentives to employment inherent in the Social Security system.

Special Populations

Cook, J. A., Pickett, S. A., Grey, D., Banghart, M., Rosenheck, R. A., & Randolph, F. (2001). Vocational outcomes among formerly homeless persons with severe mental illness in the ACCESS program. *Psychiatric Services, 52*, 1075-1080.

- Large-scale research study suggesting that case management and outreach services to homeless persons with mental illness does not alone increase employment rates; targeted job placement services do appear to make a difference.

Goering, P., Cochrane, J., Potasznik, H., Wasylenki, D., & Lancee, W. (1988). Women and work: After psychiatric hospitalization. In L. L. Bachrach & C. Nadelson (Eds.), *Treating chronically mentally ill women* (pp. 45-61). Washington, DC: American Psychiatric Press.

- Clinical paper describing the unique issues facing women with mental illness seeking employment.

Goldberg, R. W., Lucksted, A., McNary, S., Gold, J. M., Dixon, L., & Lehman, A. (2001). Correlates of long-term unemployment among inner-city adults with serious and persistent mental illness. *Psychiatric Services, 52*, 101-103.

- Research paper examining factors predicting employment for persons with mental illness entering supported employment.

Sengupta, A., Drake, R.E., & McHugo, G.J. (1998). The relationship between substance use disorder and vocational functioning among persons with severe mental illness. *Psychiatric Rehabilitation Journal, 22*(1), 41-45.

- Review article suggesting that individual with co-occurring mental illness and substance use disorders do not differ from persons with mental illness only in their employment outcomes.

Supported Education

Unger, K. V. (1998). Handbook on supported education: Services for students with psychiatric disabilities. Baltimore, MD: Brookes.

- How-to manual describing supported education for people with severe mental illness.

Special Populations Appendix

A review of the literature addressing the range of populations for which supported employment has demonstrated efficacy or effectiveness, including factors such as age, race, ethnicity, gender, institutional setting, sexual orientation, and geographic location.

The most consistent finding from the supported employment literature has been the absence of specific client factors predicting better employment outcomes. Specifically, diagnosis, symptomatology, age, gender, disability status, prior hospitalization, and education have been examined and none have proven to be strong or consistent predictors (Bond, Dietzen, McGrew, & Miller, 1995; Drake et al., 1999; Drake, McHugo, Becker, Anthony, & Clark, 1996). Notably, a co-occurring condition of substance use has *not* been found to predict work outcomes (Bell, Greig, Gill, Whelahan, & Bryson, 2002; Goldberg et al., 2001; Meisler, Blankertz, Santos, & McKay, 1997; Sengupta, Drake, & McHugo, 1998). Although work history predicts better employment outcomes in supported employment programs, supported employment remains more effective than traditional vocational services for clients with both good and poor work histories (Becker, Bond et al., 2001; Drake et al., 1999; Drake, McHugo et al., 1996). We speculate that the professional assistance provided by supported employment programs at every stage of the employment process compensates for client deficits in a way that less assertive vocational rehabilitation approaches do not. Consequently, the extensive literature on client predictors of work outcomes in people with SMI who either have had little vocational assistance or have been enrolled in traditional vocational programs (Cook & Razzano, 2000) may be largely irrelevant for supported employment programs.

Some client factors have not been systematically examined in the literature. For example, we know of no studies that have examined sexual orientation and how that might affect outcomes in supported employment programs.

Randomized controlled trials of supported employment have been conducted in settings in which there were significant numbers of Caucasian (Bond et al., 1995; Chandler, Meisel, Hu, McGowen, & Madison, 1997; Drake, McHugo et al., 1996; Test, Allness, & Knoedler 1995), African American (Drake et al., 1999; Lehman et al., 2002; Meisler, Williams, Kelleher, & Gold, 2000), and Latino clients (Mueser et al., submitted). Although more replications are needed, all the evidence to date suggests that the effectiveness of supported employment compared to traditional vocational services generalizes to both the African American and Latino populations. Within-study comparisons in employment rates for different ethnic groups have been hampered by a lack of statistical power, so that we cannot currently adequately answer whether supported employment is equally effective across all ethnic groups within a specific setting. We may make our best progress in understanding the role of ethnicity in supported employment programs by combining results across studies using

meta-analytic techniques and through qualitative studies (Alverson & Vicente, 1998; Harris, Bebout, Freeman, & Hobbs, 1997; Quimby, Drake, & Becker, in press). Anecdotally, we know that culture and language pose significant barriers to providing supported employment in some populations.

Community characteristics do not appear to impose a major barrier to implementing supported employment. Supported employment has been successfully implemented in both very urban (Becker, Bond et al., 2001; Bond et al., 1995; Drake et al., 1999; Gervey & Bedell, 1994; Lehman et al., 2002; Mueser et al., submitted) and very rural settings (Becker, Smith, Tanzman, Drake, & Tremblay, 2001; Drake et al., 1994; Drake, Becker, Biesanz, Wyzik, & Torrey, 1996; Gowdy, 2000; Meisler et al., 2000), as well as in midsized cities (Bond et al., 1995; Drake, McHugo et al., 1996; Test et al., 1995). Many different states have implemented supported employment (Bond et al., 2001).

Nearly all of the controlled research on the effectiveness of supported employment has been conducted in community mental health centers. The extent to which supported employment can be successfully adapted to other types of provider agencies is the subject of current research, but no strong conclusions can be drawn at this time.

References

Alverson, H., & Vicente, E. (1998). An ethnographic study of vocational rehabilitation for Puerto Rican Americans with severe mental illness. *Psychiatric Rehabilitation Journal, 22*(1), 69-72.

Becker, D. R., Bond, G. R., McCarthy, D., Thompson, D., Xie, H., McHugo, G. J., & Drake, R. E. (2001). Converting day treatment centers to supported employment programs in Rhode Island. *Psychiatric Services, 52*, 351-357.

Becker, D. R., Smith, J., Tanzman, B., Drake, R. E., & Tremblay, T. (2001). Fidelity of supported employment programs and employment outcomes. *Psychiatric Services, 52*, 834-836.

Bell, M., Greig, T., Gill, P., Whelahan, H., & Bryson, G. (2002). Work rehabilitation and patterns of substance use among persons with schizophrenia. *Psychiatric Services, 53*, 63-69.

Bond, G. R., Dietzen, L. L., McGrew, J. H., & Miller, L. D. (1995). Accelerating entry into supported employment for persons with severe psychiatric disabilities. *Rehabilitation Psychology, 40*, 91-111.

Bond, G. R., Vogler, K. M., Resnick, S. G., Evans, L. J., Drake, R. E., & Becker, D. R. (2001). Dimensions of supported employment: Factor structure of the IPS Fidelity Scale. *Journal of Mental Health, 10*, 383-393.

Catalano, R., Drake, R. E., Becker, D. R., & Clark, R. E. (1999). Labor market conditions and employment of the mentally ill. *The Journal of Mental Health Policy and Economics, 2*, 51-54.

Chandler, D., Meisel, J., Hu, T., McGowen, M., & Madison, K. (1997). A capitated model for a cross-section of severely mentally ill clients: Employment outcomes. *Community Mental Health Journal, 33*, 501-516.

Cook, J., & Razzano, L. (2000). Vocational rehabilitation for persons with schizophrenia: Recent research and implications for practice. *Schizophrenia Bulletin, 26*, 87-103.

Drake, R. E., Becker, D. R., Biesanz, J. C., Torrey, W. C., McHugo, G. J., & Wyzik, P. F. (1994). Rehabilitation day treatment

vs. supported employment: I. Vocational outcomes. *Community Mental Health Journal, 30*, 519-532.

Drake, R. E., Becker, D. R., Biesanz, J. C., Wyzik, P. F., & Torrey, W. C. (1996). Day treatment versus supported employment for persons with severe mental illness: A replication study. *Psychiatric Services, 47*, 1125-1127.

Drake, R. E., Fox, T. S., Leather, P. K., Becker, D. R., Musumeci, J. S., Ingram, W. F., & McHugo, G. J. (1998). Regional variation in competitive employment for persons with severe mental illness. *Administration and Policy in Mental Health, 25*, 493-504.

Drake, R. E., McHugo, G. J., Bebout, R. R., Becker, D. R., Harris, M., Bond, G. R., & Quimby, E. (1999). A randomized clinical trial of supported employment for inner-city patients with severe mental illness. *Archives of General Psychiatry, 56*, 627-633.

Drake, R. E., McHugo, G. J., Becker, D. R., Anthony, W. A., & Clark, R. E. (1996). The New Hampshire study of supported employment for people with severe mental illness: Vocational outcomes. *Journal of Consulting and Clinical Psychology, 64*, 391-399.

Gervey, R., & Bedell, J. R. (1994). Supported employment in vocational rehabilitation. In J. R. Bedell (Ed.), *Psychological assessment and treatment of persons with severe mental disorders* (pp. 151-175). Washington, DC: Taylor & Francis.

Goldberg, R. W., Lucksted, A., McNary, S., Gold, J. M., Dixon, L., & Lehman, A. (2001). Correlates of long-term unemployment among inner-city adults with serious and persistent mental illness. *Psychiatric Services, 52*, 101-103.

Gowdy, E. A. (2000). *Work is the best medicine I can have: Identifying best practices in supported employment for people with psychiatric disabilities.* Unpublished dissertation, University of Kansas, School of Social Welfare, Lawrence, KS.

Gowdy, E. A., Rapp, C. A., Coffman, M., & Carlson, L. S. (2000). *The relationship between economic conditions and employment of people with severe and persistent mental illness*. Lawrence, KS: University of Kansas, School of Social Welfare.

Harris, M., Bebout, R. R., Freeman, D. W., & Hobbs, M. D. (1997). Work stories: Psychological responses to work in a population of dually diagnosed adults. *Psychiatric Quarterly, 68*, 131-153.

Lehman, A. F., Goldberg, R. W., Dixon, L. B., McNary, S., Postrado, L., Hackman, A., & McDonnell, K. (2002). Improving employment outcomes for persons with severe mental illness. *Archives of General Psychiatry, 59*, 165-172.

Meisler, N., Blankertz, L., Santos, A. B., & McKay, C. (1997). Impact of assertive community treatment on homeless persons with co-occurring severe psychiatric and substance use disorders. *Community Mental Health Journal, 33*, 113-122.

Meisler, N., Williams, O., Kelleher, J., & Gold, P. (2000, October 11-13). *Rural-based supported employment approaches: Results from South Carolina site of the Employment Intervention Demonstration Project.* Paper presented at the Paper presented at the 4th Biennial Research Seminar on Work (Matrix Research Institute), Philadelphia, PA.

Mueser, K. T., Clark, R. E., Haines, M., Drake, R. E., McHugo, G. J., Bond, G. R., Essock, S. M., Becker, D. R., Wolfe, R., & Swain, K. (submitted). The Hartford study of supported employment for severe mental illness: I. Employment and nonvocational outcomes.

Purlee, G. D. (1993). *Predictors of employment outcome for persons with serious mental illness.* Unpublished dissertation, Indiana University, Bloomington.

Quimby, E., Drake, R. E., & Becker, D. R. (in press). Ethnographic findings from the Washington, DC, Vocational Services Study. *Psychiatric Rehabilitation Journal*.

Sengupta, A., Drake, R. E., & McHugo, G. J. (1998). The relationship between substance use disorder and vocational functioning among persons with severe mental illness. *Psychiatric Rehabilitation Journal, 22*(1), 41-45.

Test, M. A., Allness, D. J., & Knoedler , W. H. (1995, October). *Impact of seven years of assertive community treatment.* Paper presented at the American Psychiatric Association Institute on Psychiatric Services, Boston, MA.